MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05942

5934

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peter Queen Anne Ank E. Dover Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
STREET ADDRESS (If rural give location) E. Dover Street

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) (Last) Adams

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 14, 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unoccupied
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rt. Rev. Bishop William Forbes Adams
14. MOTHER'S MAIDEN NAME: Alice E. McCallum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. John Watson, Queenstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — (?)
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to 17 June, 1955, that I last saw the deceased alive on 1 May, 1955, and that death occurred at 3 a. M, from the causes and on the date stated above.
SIGNATURE Newton Harrison M. D. ADDRESS Easton Maryland DATE SIGNED 18 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 20-1955
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-18-55
REGISTRAR'S SIGNATURE N. H. Nevett
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05943

5953

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Oxford
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) C (Last) Bailey

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-20-93

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm tennant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Bailey

14. MOTHER'S MAIDEN NAME: Mary Ellen Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-12-500

17. INFORMANT & ADDRESS: Elmer Bailey Oxford, Md.

1a. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 444X

(A) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Essential Hypertension — 4 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13, 1955 to 6/14, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE Hayward T. Nutt M. D. ADDRESS Easton, Md. DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/17/55

NAME OF CEMETERY OR CREMATORY Martin Downham

LOCATION (City, town, or county) Oxford (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-15-55

REGISTRAR'S SIGNATURE M. H. Meeres

24. FUNERAL DIRECTOR James Blanchard ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05944

5935

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2055131

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton. 40
STREET ADDRESS (If rural give location) 403 South 31- 1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Benson

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: May 20 1955

9. AGE last birthday yrs. — IF UNDER 1 YEAR: Months — Days 21 — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Claudine Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Claudia Benson Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S) DUE TO (B) Atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Asphyxia Aspiration

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Aspiration

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1955, to 6/9, 1955, that I last saw the deceased alive on [illegible], 1955, and that death occurred at 10 a.m. P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 10 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-15-55 — NAME OF CEMETERY OR CREMATORY Family plot — LOCATION (City, town, or county) (State) Matthewstown Md

DATE REC'D BY LOCAL REGISTRAR 6-12-55 — REGISTRAR'S SIGNATURE M. H. Nevels

24. FUNERAL DIRECTOR — ADDRESS James B. Bushill, Easton, Md.

05945

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 11,13,14 Film G183 7-5-55

5936

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton, Md 05X-2
STREET ADDRESS (If rural give location) Gay St.

3. NAME OF DECEASED: (Type or Print) (First) Rosie (Middle) (Last) Brown

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: March 22, 1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrington, Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Adams

14. MOTHER'S MAIDEN NAME: Rebecca Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Clarence Greenley Daughter-in-law Denton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) H C V D — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/55, to 6/6/55 that I last saw the deceased alive on 6/6/55, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE B Cox M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-8-55 — NAME OF CEMETERY OR CREMATORY Harrington — LOCATION (City, town, or county) (State) Harrington Del.

DATE REC'D BY LOCAL REGISTRAR 6-6-55 — REGISTRAR'S SIGNATURE N. H. Neires — 24. FUNERAL DIRECTOR Katie W. Boyer — ADDRESS Harrington Del.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05946

5937

CERTIFICATE OF DEATH

Reg. Dist. No. 2-10

1. PLACE OF DEATH:
COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md.
LENGTH OF STAY (in this place) 1 hr - 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson, Md. 03552
STREET ADDRESS (If rural give location) 1279 Providence Rd.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) A. (Last) Buchanan

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec 19, 1897
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James E. Buchanan
14. MOTHER'S MAIDEN NAME: Bessie Rezpress

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Audrey B. Bring/daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial Infarct

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary sclerosis DUE TO

(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13/55 to 6/13/55, that I last saw the deceased alive on ..., 19..., and that death occurred at 12:25 P.M., from the causes and on the date stated above.
SIGNATURE Robert A. Buchanan M. D.
ADDRESS Easton
DATE SIGNED 16 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 16, 1955
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-14-55
REGISTRAR'S SIGNATURE M. H. Nevins
24. FUNERAL DIRECTOR Henry C. Jenkins Co.
ADDRESS Baltimore Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05947

5938

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 40 Easton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lorraine (Middle) (Last) Carroll

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 19 1919

9. AGE last birthday 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Herman Kamke

14. MOTHER'S MAIDEN NAME: Elsie Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-09-6687

17. INFORMANT & ADDRESS: William Carroll

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 IMMEDIATE CAUSE (A) Nephrotic Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic Nephritis — 6 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 46 to 6/29/19 55, that I last saw the deceased alive on 6/28/55, 19..., and that death occurred at 4:45 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 1, 1955 — NAME OF CEMETERY OR CREMATORY Landing Neck — LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR 6-30-55 — REGISTRAR'S SIGNATURE M.A. Merrin

24. FUNERAL DIRECTOR Maurice Fleming — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05948

5939

CERTIFICATE OF DEATH

Reg. Dist. No. 296

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 40 EASTON
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05X-2
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) ARTley (Middle) B. (Last) CLARKE

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: Feb 11-1917

9. AGE last birthday 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clayton Clarke

14. MOTHER'S MAIDEN NAME: Celeste Rivel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Celeste Clark

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X IMMEDIATE CAUSE (A) Hyperkalemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Lower nephrone nephrosis

DUE TO (C) Hepato-renal syndrome

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Jaundice; Recent cholecystostomy

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1955, to 6/21, 1955, that I last saw the deceased alive on 6/21, 1955, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton, DATE SIGNED 26 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 24, 1955 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 6-22-55 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. Virgil Thomson — ADDRESS Denton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05949

5940

CERTIFICATE OF DEATH

Reg. Dist. No. 710

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural give location) 106 S. Aurora st.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Jane	M.	Cop	6	11	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	White	Married	July 3, 1885	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H. W.		Maryland	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mr. White	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No.			same Mr. Robert D. Cop (Husband)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	4 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) arteriosclerosis	?
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1955, to 6/11, 1955, that I last saw the deceased alive on 6/11, 1955, and that death occurred at 4:45 P.M, from the causes and on the date stated above.

SIGNATURE B Cop M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-12-55	Spring Hill	Easton Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-12-55	T. H. Nelms	[illegible]	Easton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05950

MARYLAND 5941

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 40 00

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) S (Last) Cummings

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-1 1874

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Tilghman, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Sinclair

14. MOTHER'S MAIDEN NAME: Sarah Covington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Thomas H. Cummings — 417 Elmwood Rd. Balto. 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 Immediate cause (a) Carcinomatosis, generalized — Interval between onset and death: ?

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Probably started in abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1955, to 6-9-, 1955, that I last saw the deceased alive on 6-9-, 1955, and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE and (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED 6/10/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/12/55 — NAME OF CEMETERY OR CREMATORY: Tilghman Methodist — LOCATION (City, town, or county) (State): TILGHMAN MD

DATE REC'D BY LOCAL REG. 6/10/55 — REGISTRAR'S SIGNATURE: M.W. Merrill

24. FUNERAL DIRECTOR — ADDRESS: J. Leeds Moore, Tilghman, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05951

5954

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Royal Oak
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Royal Oak X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Frampton

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: July 29, 1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR: Months 10 Days 3 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress | 10B. KIND OF BUSINESS OR INDUSTRY: Secretary Women's Hospital | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Richard B. Frampton | 14. MOTHER'S MAIDEN NAME: Nettie Ellen Rigby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT & ADDRESS: Mrs Nettie Gresham, Royal Oak, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
171X IMMEDIATE CAUSE	(A) Intestinal Obstruction	72 hr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Metastatic Carcinomatosis	6 months
	(C) Sarcoma) Cervix	15 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 1/25/1954 | 19B. MAJOR FINDINGS OF OPERATION: Papillary adenocarcinoma of cervix | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to June 2, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 2:25 P. M., from the causes and on the date stated above.

SIGNATURE J. V. Palmer M. D. ADDRESS Easton Md DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF June 4, 55 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-3-55 | REGISTRAR'S SIGNATURE N. H. Nelms | 24. FUNERAL DIRECTOR Clark | ADDRESS Easton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05952

5942 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton,
STREET ADDRESS (If rural give location) 40

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) V. (Last) Gale

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: Jan. 20, 1863
9. AGE last birthday 92 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Mecanekin
14. MOTHER'S MAIDEN NAME: Elizabeth Whitby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Evelyn Stevens

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 X
IMMEDIATE CAUSE (A) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr ?

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955 to 6/15/1955, that I last saw the deceased alive on 6/14/1955, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE R Cox M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF June 18, 1955
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 6-16-55
REGISTRAR'S SIGNATURE N. H. Meares
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

05953

5955

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS OD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TILGHMAN
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IRENE	GERTRUDE	HARRISON	JUNE	2	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	WIDOWED	AUG. 27, 1869	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	At Home	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM JOSHUA HARRISON	SALLY ANN MASON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		none	Eulah C Hampton Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension arteriosclerosis — Months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19 May 5, to June 3, 1955, that I last saw the deceased alive on May 15, 19 55 and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE? Mrs M Rales (Degree or title) ADDRESS Tilghman Md DATE SIGNED June 4 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 4, 1955	Tilghman Cemetery	Tilghman	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4, 55	Mrs Ruth R. Seth	J. Hampton Harrison	St Michaels Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

5943

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05954

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Talbot — STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial 80

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne Rt-2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	W	Hayman	6	26	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Col		3-6-1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PREACHER	Clergy	Princess Anne Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. H. Hayman	Leah Bowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Ida Goldsborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Fracture skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hwy	Nr Trappe	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	26	55	8 p.m.			Struck tree at intersection

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mealy M.D	Dr	Easton Md	6 27 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-30-55	John Wesley	Princess Anne Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-27-55	N.R. Nelms	William A. Jones Jr.	Princess Anne Md

VS. A15A

5956 05955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe rural
LENGTH OF STAY (in this place) ~~5yrs~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~MD~~ PA COUNTY ~~Talbot~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Easton~~ Philadelphia
STREET ADDRESS (If rural, give location) ~~Route 1~~ 75X-3

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Austin (Last) Hubbard
4. DATE OF DEATH (Month) 6 (Day) 26 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/5/88 1900
9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Clegery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Thaddeus Clark
14. MOTHER'S MAIDEN NAME: Maggie E. Miles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Austin Newportnews Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
816X
Immediate cause (a) Laceration brain Fract. skull
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auto accident
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Driving
21c. (City or town) nr Trappe (County) Talbot (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 26 55 ~8:45 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Pass in car which struck tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lawrence Watkins M.D. DMR
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE THEREOF 6/29/55
NAME OF CEMETERY OR CREMATORY Mt. Lowe Cem.
LOCATION (City, town, or county) (State) Philadelphia Pa.
DATE REC'D BY LOCAL REG. 6-27-55
REGISTRAR'S SIGNATURE N. A. Nevins
24. FUNERAL DIRECTOR ADDRESS James B. Dodsell, Easton, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05956

5944 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (in this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harrison St & Dover St Tidewater Inn.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, 40; STREET ADDRESS (If rural give location) Harrison & Dover Streets

3. NAME OF DECEASED: (Type or Print) (First) Hallie (Middle) N. (Last) Jackson

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 21, 1874

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 10 Days 16 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lot P. Smith

14. MOTHER'S MAIDEN NAME: Nora E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: T. Hughlett Henry Jr., Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — 3 years.

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-20, 1954, to 6-6, 1955, that I last saw the deceased alive on 6-6, 1955, and that death occurred at 3:30 P. M, from the causes and on the date stated above.

SIGNATURE William L. Winters. M. D. ADDRESS Easton Maryland DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 7 55 — NAME OF CEMETERY OR CREMATORY Oakdale Cemetery — LOCATION (City, town, or county) (State) Chicago, Ill.

DATE REC'D BY LOCAL REGISTRAR 6-6-55 — REGISTRAR'S SIGNATURE N. H. Nevius

24. FUNERAL DIRECTOR John D. Williams — ADDRESS Easton, Md.

05957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5945 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 37 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural give location) 05X-2

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) (Last) KARPENSKI

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: July 18-1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? V

13. FATHER'S NAME: Joseph Karpenski

14. MOTHER'S MAIDEN NAME: ~~Agnes Karpinski~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Agnes Karpenski wife Greensboro Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 698X (A) Weber-Christian Disease

ANTECEDENT CAUSE (S): ~~DUE TO~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic phlebothrombosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1955, to 6/1, 1955, that I last saw the deceased alive on 6/1, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE Nathaniel Mackelwee M. D. ADDRESS Easton DATE SIGNED 4 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF June 4, 1955 NAME OF CEMETERY OR CREMATORY Holy Cross LOCATION (City, town, or county) (State) near Denton, Md

DATE REC'D BY LOCAL REGISTRAR 6-2-55 REGISTRAR'S SIGNATURE J. A. Nevitt

24. FUNERAL DIRECTOR J. Virgil Houston ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05958

5946 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Norfolk
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Medfield 58x-3
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Kenny

4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): N.B.

8. DATE OF BIRTH: June 18, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 0 IF UNDER 24 HRS. Hours 17 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Kenny

14. MOTHER'S MAIDEN NAME: Maurine Gleason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Charles Kenny (Father)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625

IMMEDIATE CAUSE (A) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH 8 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hyaline Membrane Disease

(C) DUE TO Prematurity

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1955, to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 10:00 P M, from the causes and on the date stated above.

SIGNATURE John E Baylis M.D. ADDRESS Easton Md DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 6/20/55 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 6/20/55 REGISTRAR'S SIGNATURE M. A. Nevius

24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton

VS. A15—10-53

20652318

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 10595

5947

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas (Last) Lednum

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Oct 29, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph D. Lednum
14. MOTHER'S MAIDEN NAME: Mary J. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr Lee Lednum Son Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) cerebral Hemorrhage DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerotic cardiovascular d. DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 23 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, Essential

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1953 to 6-23-1955 that I last saw the deceased alive on 6-23-1955, and that death occurred at 9:30 A.M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS St Michaels Md DATE SIGNED 6-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 25, 1955
NAME OF CEMETERY OR CREMATORY Bozman Cemetery
LOCATION (City, town, or county) (State) Bozman Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-55
REGISTRAR'S SIGNATURE N. A. Neree
24. FUNERAL DIRECTOR S. Hambleton Harrison
ADDRESS St. Michaels, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05960

5948

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp. 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton X
STREET ADDRESS (If rural give location) Route #4

3. NAME OF DECEASED: (Type or Print) (First) HARRISON (Middle) (Last) RAIKES

4. DATE OF DEATH: (Month) b (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: April 30, 1888

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Raikes

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Florence R Raikes (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Intra-cranial hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1955, to 6/21, 1955, that I last saw the deceased alive on 6/21, 1955, and that death occurred at 1:50 A M, from the causes and on the date stated above.

SIGNATURE Catherine Schmidt M. D. ADDRESS Easton DATE SIGNED 22 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/24/55

NAME OF CEMETERY OR CREMATORY Dutton

LOCATION (City, town, or county) (State) Easton Md RD

DATE REC'D BY LOCAL REGISTRAR 6/22/55

REGISTRAR'S SIGNATURE N. H. Neeree

24. FUNERAL DIRECTOR James B Clarkill ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

05961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5957

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) B. (Last) SCOTT

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: July 17, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Trappe, Tal. Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Brummell

14. MOTHER'S MAIDEN NAME: Josephine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -----
(If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ada Brummell, Trappe, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X
IMMEDIATE CAUSE (A) Hypertensive arteriosclerotic disease — 1 year

ANTECEDENT CAUSE (S) DUE TO (B) with myocardial insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1954 to 6/10, 1955, that I last saw the deceased alive on 6/10, 1955, and that death occurred at 3P M, from the causes and on the date stated above.

SIGNATURE Frank G Moore M. D. ADDRESS 18 W. Dover St Easton, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/13/1955

NAME OF CEMETERY OR CREMATORY Trappe Cemetery

LOCATION (City, town, or county) (State) Trappe, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/2/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05962

5949

CERTIFICATE OF DEATH

Reg. Dist. No. 210

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON
LENGTH OF STAY (in this place) 14 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): First James Middle Fred (Middle) Washington (Last)

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: June 15, 1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: J. Fred Washington

14. MOTHER'S MAIDEN NAME: Mc Bunnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 210

17. INFORMANT & ADDRESS: Mary Washington Federalsburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x IMMEDIATE CAUSE (A) Cardiac hypertrophy & failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1955, to 6/10, 1955, that I last saw the deceased alive on 6/10, 1955, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 16 Jun 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 6/13/55 NAME OF CEMETERY OR CREMATORY Federal Hill LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 6-12-55 (REGISTRAR'S SIGNATURE) N. H. Norris

24. FUNERAL DIRECTOR J. F. Trapton Son ADDRESS Federalsburg md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05963

5958 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna 09X-2

STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) GARCIE (Middle) CREOLA (Last) WILLEY

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	10-5-1875	79 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: Manning Lewis

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Arthur Spear: Oxford, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval Between Onset And Death: YEARS

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTESTINAL OBSTRUCTION — 17 HRS

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-, 1955, to 6-7-, 1955, that I last saw the deceased alive on 6-7-, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald H. Bartley	M.D.	Easton Md.	6-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-9-1955	Vienna Cemetery	Vienna, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/9/55	M.H. Meares	LeCompte Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

5950 Item 8, Film 185 8-17-55 et

07112

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN EASTON
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wye Mills X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) B. F. (Last) Wolcott

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Aug 2, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer & Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Henry Wolcott

14. MOTHER'S MAIDEN NAME: Elizabeth Fagley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-7125

17. INFORMANT & ADDRESS: Lillian Roe Wolcott Wye Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332 X

Immediate cause (a) Encephalomalacia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Severe arteriosclerosis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION: (q+sp)

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis J Welty M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
M. D. ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 20-55

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 6/18/55

REGISTRAR'S SIGNATURE M. H. Meeres

24. FUNERAL DIRECTOR Barton Bros — Centreville Md

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05965

5951 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 3 wks. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) F. (Last) Wright

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: April 6, 1902 | 9. AGE last birthday 53 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Clay B. Fairbanks
14. MOTHER'S MAIDEN NAME: Elva E. Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Howard K. Wright.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X IMMEDIATE CAUSE (A) Carcinoma, metastatic Generalized — INTERVAL BETWEEN ONSET AND DEATH 2 yrs +

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) adenocarcinoma ovaries — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cachexia —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1952 to 6-19, 1955 that I last saw the deceased alive on 6-19, 1955, and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS St Michaels md DATE SIGNED 6-20-55
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-22-55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REGISTRAR 6-20-55 | REGISTRAR'S SIGNATURE N. N. Nevins | 24. FUNERAL DIRECTOR Norman D. Maslin ADDRESS St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05966

5952

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (in this place) 1 hr 55 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's Co.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester 17X-2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) T (Last) Wyatt

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept-9-1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10B. KIND OF BUSINESS OR INDUSTRY: State of Md. Tidewater Fisheries

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wyatt

14. MOTHER'S MAIDEN NAME: Julia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Agnes Wyatt wife (Chester, Md)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45 1/X

IMMEDIATE CAUSE (A) Hemorrhaging Aneurysm of

ANTECEDENT CAUSE (S) DUE TO the thoracic aorta

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO To rupture

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29 19 , to 29 June , 1955, that I last saw the deceased alive on 29 June , 1955, and that death occurred at 5:45 p M, from the causes and on the date stated above.

SIGNATURE Thomas Hamilton M. D. ADDRESS Chester Long Island DATE SIGNED 29 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7/2/55; NAME OF CEMETERY OR CREMATORY Chester; LOCATION (City, town, or county) (State) Chester Md

DATE REC'D BY LOCAL REGISTRAR 6-30-55; REGISTRAR'S SIGNATURE N. A. Nevett

24. FUNERAL DIRECTOR Edgar L. Lowe, ADDRESS Church Hill, Md.